U.S. Department ffice of Labor-Management Standards Stan . U.S. Department of Labor Office of Labor-Management

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandago under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| 1. File Number U | ANG 2 2 2005 | LLY BEFORE PREPARING THIS REPORT. | |
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| 3. Name and address of person filing. A. Name, file number, and address of labor organization. Name CACGON A. Name, file number, and address of labor organization. Name Cally City | TEUO Z Z Z | ार प्राप्त कर है है है है जिस सामान प्राप्ति के मान्यकार है पूर्व मुख्या के उन्हें के किस कर है है । प्राप्त के प्राप्त के प्राप्त के प्राप्त के मान्यका प्रदूषि के मान्यकार है पूर्व मुख्या के उन्हें के किस कर है | |
| 3. Name and address of person filing. Name Gregory A. Name, file number, and address of labor organization. Name Gregory P.O. Box, Bidg., Room No., if any Street ZOO Rouach D. ZIP Code +4 State DIVO ZIP Code +4 State ZIP Code +4 ZIP Code +4 State | 1. File Number U - 1/1/13 | 2. Fiscal Year Covered From: | |
| Name Second P.O. Box, Bidg., Room No., if any Street 200 Round P.O. Box, Building and Room Number, if any | | 1 / 2004 Through: 12 / 31 / 2004 | |
| Labor Organization File Number Day Da | 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| P.O. Box, Bldg., Room No., if any Street ZCO KODOCh City Cincinati State DATO ZIP Code +4 SSASS Street ZOO KODOCh State DATO ZIP Code +4 SSASS State DATO ZIP Code +4 SSASS Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.b. Amount. 7.b. Amount. Street City Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and completes. (See the section on penalties in the instructions.) Date Telephone Number | Name Gregory A Boone | Name Pantos DOU/2 | |
| Street ZOO KOUCCH D. Street ZOO KOUCCH D. Street ZOO KOUCCH D. Street ZOO KOUCCH D. State DATO ZIP Code + 4 \$\frac{1}{2} \frac{1}{2} \ | | Labor Organization File Number 034993 | |
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| State DATO ZIP Code +4 SSUS STATE ZIP CODE | Street 200 Kovach Da | Street ZDO Kovack Oc | |
| 5. Position in labor organization. Multiplication of the properties of the following interests (except as specified in the exclusions set forth in the instructions). A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Anowedge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Date Telephone Number | City Cincinnati | City Cincinnaty | |
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| Date Telephone Number | | | |
| V V | Direction D | on 8-15-2005 513-325-7350 | |
| | m LM-30 (2003) | Date Telephone Number | |

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| Name of Person Filing | | File Number U- | |
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organizat b. Trust c. Employer | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code +4 | 11.a. Nature of such dealing the such de | Dinote JATA Foquim | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 | 14.a. Nature of payment. | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | |